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REPORT OF SPECIAL ON-THE-JOB TRAINING FOR MENTALLY RETARDED YOUTH AND ADULTS.

BY- MOCEK, EVE AND OTHERS

CHILDREN'S HEALTH HOME FOR MENT.RET.CHILD.AND ADLT

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DESCRIPTORS- *EXCEPTIONAL CHILD RESEARCH, *MENTALLY HANDICAPPED, *VOCATIONAL REHABILITATION, *JOB TRAINING, DEMONSTRATION PROJECTS, SHELTERED WORKSHOPS, ADJUSTMENT (TO ENVIRONMENT), COUNSELING, PARTICIPANT CHARACTERISTICS, TRAINABLE MENTALLY HANDICAPPED, ON THE JOB TRAINING, EVALUATION, SELECTION, TESTING, EDUCABLE MENTALLY HANDICAPPED, SPECIAL PROGRAMS, YOUNG ADULTS, PROGRAM GUIDES,

A 52-WEEK DEMONSTRATION PROJECT ORGANIZED TO PROVIDE VOCATIONAL TRAINING FOR SEVERELY TO MODERATELY MENTALLY RETARDED YOUTH AND ADULTS IS DESCRIBED. INFORMATION CONCERNING SELECTION OF THE 18 TRAINEES TREATS ETIOLOGY AND EDUCATIONAL EXPERIENCE, CHARACTERISTICS OF THE POPULATION, ASSESSMENT AND DIAGNOSIS (PROCEDURES AND TESTS USED), AND ADMISSION. THE SIX SUBCONTRACTS MAKING UP THE ON-THE-JOB TRAINING PROGRAM ARE DISCUSSED, AND THE WORKDAY SCHEDULE IS EXPLAINED. VOCATIONAL, SOCIAL, AND EMOTIONAL ADJUSTMENT OF THE TRAINEES AND THE COUNSELING SERVICE ARE ALSO CONSIDERED. EVALUATION OF THE TRAINEES, MOST OF WHOM WERE PLACED IN A PRIVATE SHELTERED WORKSHOP, IS PROVIDED. NINE TABLES PRESENT DESCRIPTIVE DATA REGARDING THE PARTICIPANTS IN THE PROJECT. (DF)

446

July 1964 - July 1965

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ON-THE-JOB TRAINING DEMONSTRATION PROJECT

FOR MENTALLY RETARDED YOUTH AND ADULTS

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

July 1964 - July 1965

THE OPERATION OF THIS PROJECT WAS MADE POSSIBLE BY A GRANT TO THE CHILDREN'S HEALTH HOME FOR MENTALLY RETARDED CHILDREN AND ADULTS, INC., SAN MATEO, CALIFORNIA BY THE BUREAU OF APPRENTICESHIP AND TRAINING OF THE UNITED STATES DEPARTMENT OF LABOR

SPECIAL ON-THE-JOB TRAINING DEMONSTRATION PROJECT FOR MENTALLY RETARDED YOUTH AND ADULTS

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The invaluable services of the Board of Directors in making this project possible are recognized. Their long hours and dedication in providing services for mentally retarded youth and adults constitute an expression of this community's approach to a social problem.

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TABLE OF CONTENTS

BAT PROJECT 82-1

INTRODUCTION

Background

The Children's Health Home for Mentally Retarded Children and Adults, Inc. in San Mateo, Calif. began a unique demonstration project on July 22, 1964 to provide basic pre-vocational skill training for 15 mentally retarded young adults.

Funds for the project were made available through a demonstration grant from the Office of Manpower, Automation, and Training, United States Department of Labor. On Sept. 21, 1964 the project was transferred to the Bureau of Apprenticeship and Training, United States Department of Labor.

The basic purpose of the project was to demonstrate the feasibility of pre-vocational training experience for mentally retarded young adults who had not participated in a sheltered workshop or other vocational experience, and those who had vocational training experience, but had been unsuccessful in adapting to this type of habilitation.

Specifically, this program provided such abilities as basic work skills, motivation, work tolerance, and social and emotional adjustment. The main objectives were to help trainees become as independent as possible within their own limitations, productive on simple work assignments, and to increase their self respect and inter-personal relationships.

It had been observed that without this additional pre-vocational training, the group was not capable of engaging in productive employment, or working in a sheltered workshop. Most of the trainees had experienced discouraging peer relationships outside the school and workshop. Recreational activities at home or in the neighborhood largely were confined to watching television. This type of isolation had deprived them of the opportunity to share recreational experiences, accept responsibilities, and develop as much independence as possible.

Placing many mentally retarded persons in institutions is no longer considered appropriate or feasible. Communities are faced with assuming more responsibility for making provision for them at the local level. Since it is healthier, emotionally, to be independent to some degree than to be totally dependent on others, programs of training for whatever attainable level of independence to be achieved are desirable.

Severely to moderately mentally retarded young adults (approximate I.Q. levels of 50 and under) have difficulty entering the labor market without special help in the formation of work attitudes and basic vocational skills. The sheltered workshop setting has been an effective approach to provide motivation and opportunities for training the mentally retarded. The professional literature today takes cognizance of the effectiveness of work experience and the sheltered workshop in the provision of vocational training for the mentally retarded. A realistic life-like setting is presented in which they can learn skills and develop acceptable interpersonal relationships. The purpose of the project was to help these people deal with some of their prob-

lems more effectively so that they can enter and profit from the sheltered work experience and make a more effective social adjustment.

Proposed Program

The proposed program was to include a minimum of 15 trainees aged 16 and over, who had completed whatever education or training experiences were available to them in the public schools. A basic vocational training program was to be provided for a 52 week period during which trainees would be paid an hourly rate according to their actual production, with the minimum rate of five cents per hour. A certificate from the U.S. Department of Labor, Wage and Hour and Public Contracts Division authorized payment of this special minimum wage. On completion of the program those trainees able would be admitted to the Sheltered Workshop operated by the Children's Health Home for Mentally Retarded Children and Adults, Inc. where the minimum wage is presently 17 cents per hour.

The program was directed toward building competence in basic work skills and developing motivation for work, work tolerance and social and emotional maturity so that the trainees would have more chance for success when placed in the Sheltered Workshop. While the project grant was made available by July 22, 1964, the complete staff was not recruited until September and the first trainees began participating on Sept. 28, 1964.

SELECTION OF TRAINEES

The 18 trainees included in the project were recruited from various sources. Table I indicates the most recent program in which they participated prior to entering the project. (Immediate Previous Experience). Six trainees came from special classes in the public schools for the educable mentally retarded. Two trainees came from public school classes for the trainable mentally retarded. Five trainees came from the terminal workshop program at the Children's Health Home. Three trainees had recently been in private residential schools for the trainable mentally retarded. The remaining two trainees had not attended a school program of any type since they were very young.

TABLE 1 — Research and Background Data—Project Trainees

Third Quarterly Report — April - June 1965

Trainee	Sex	C.A.	M.A.*	IQ**	Suspected Etiology*** and/or Clinical Type	Immediate Previous Experience
1	M	21-1	8-5	53	Possible brain damage	Terminal Workshop CHH
2	F	28-8	8-0	50	Epilepsy	At home
3	M	18-6	8-4	52	Brain damage	Public school–trainable
4	F	24-10	10-9	68	Severe cultural and social deprivation	Public school–educable
5	M	21-8	7-0	44	Down's Syndrome	Terminal Workshop CHH
6	M	15-6	10-3	64	Mild retardation with emotional problems	Public school–educable
7	M	18-9	7-2	45	Down's Syndrome	At home
8	F	31-3	9-1	57	Chronic illness with emotional problems	Public school–educable
9	F	19-2	11-0	69	Epilepsy	Public school–educable
10	F	21-7	4-9	30	Microcephaly	Private residential school–trainable
11	F	18-6	4-9	30	Microcephaly	Private residential school–trainable
12	F	21-9	10-9	68	Mild-retardation— chronic illness with emotional problems	Public school–educable
13	M	19-9	8-8	55	Down's Syndrome	Terminal Workshop CHH
14	M	23-1	8-2	51	Mental retardation with extreme social immaturity	Terminal Workshop CHH
15	F	16-9	9-2	58	Mental retardation with emotional problems	Public school–educable
16	M	18-2	8-8	55	Down's Syndrome	Public school–trainable
17	M	26-6	8-6	54	Down's Syndrome	Private residential school–trainable
18	F	26-11	8-0	50	Epilepsy	Terminal Workshop CHH
Low		15-9	4-9	30	All of the trainees are considered mentally	
High		31-3	11-0	69	retarded though in some cases etology is vague	
Median		23-6	7-10	49		

* M.A. scores are estimated. WAIS–on which most of the trainees were evaluated, does not yield a mental age score.

** IQ's are considered best estimate available. In some cases, they are based on Performance score only, or parts of test battery.

*** Etiology is not clear in some cases, but conditions observed during the training period are thought to have some causal relationship. Down's Syndrome is also known as Mongolism.

Characteristics of the Population

In addition to functioning as mentally retarded young adults with intelligence quotients ranging from a low of 30 to a high of 69, many of the trainees suffered physical and emotional handicaps which interfered with an easy adjustment to a working situation. These difficulties made it necessary for them to be included in the project.

The terms trainable and educable used in the previous section refer to educational provisions for retarded children and young adults and indicate a level of function. The educable level refers to approximate intelligence quotients of 50 to 75. For these people a program of *education*, though different from normal, is feasible. They can attain academic skills up to approximately third or fourth grade level at maturity and can often become independent contributing members of society.

The trainable level refers to approximate intelligence quotients of 25 or 30 to 50. Since tests on which such scores are obtained have a probable error factor these limits must allow some flexibility. For these people, a program of *training* appropriate to their needs is practicable. While academic accomplishment may be limited to recognition of one's own name, or even a limited word vocabulary, many kinds of skills and attitudes can be developed to help these people function in their homes and communities.

Of the trainees who came from public school programs for the educable mentally retarded, all had some degree of emotional problem as a secondary handicap. In some cases the emotional problems represented more of a limitation than the mental retardation, and undoubtedly depressed the scores obtained during the testing. These particular trainees had presented a cloudy picture, etiologically (cause), and diagnosis was not well defined except by functional level. The remaining 12 trainees were at the trainable level with intelligence quotients of 30 to 55 and presented a clearer picture of clinical cases in this classification.

Five trainees were Down's Syndrome cases (mongolism) with typical features and personality characteristics of this group. Three trainees were diagnosed as epileptics, two are typical microcephalics and two are diagnosed as having brain damage. Several others may have suffered some degree of brain damage, but the diagnosis was not made.

Assessment and Diagnosis

The trainees examined for acceptance or rejection in the BAT project exhibited a wide variety of social, psychological and physical characteristics. There was little homogeniety in the group examined. They ran the gamut from rather severe mental retardation associated with physical stigmata, to borderline retardation, with a heavy overlay of emotional maladjustment. In some cases, it was questionable whether they were truly retarded, or so disturbed that there was emotional interference with normal potential. If there is anything among the group that best characterized them, it is the fact that they are truly the "unwanted". They do not fit into the mainstream of the community as young adults, nor, for that matter, were they as yet capable of truly profiting from placement in a workshop program that demands some degree of productivity and a higher level of personal-social adjustment. Hence, those who sought placement in the BAT project had this much in common . . . there was nothing else for them available except staying at home and vegetating while watching television.

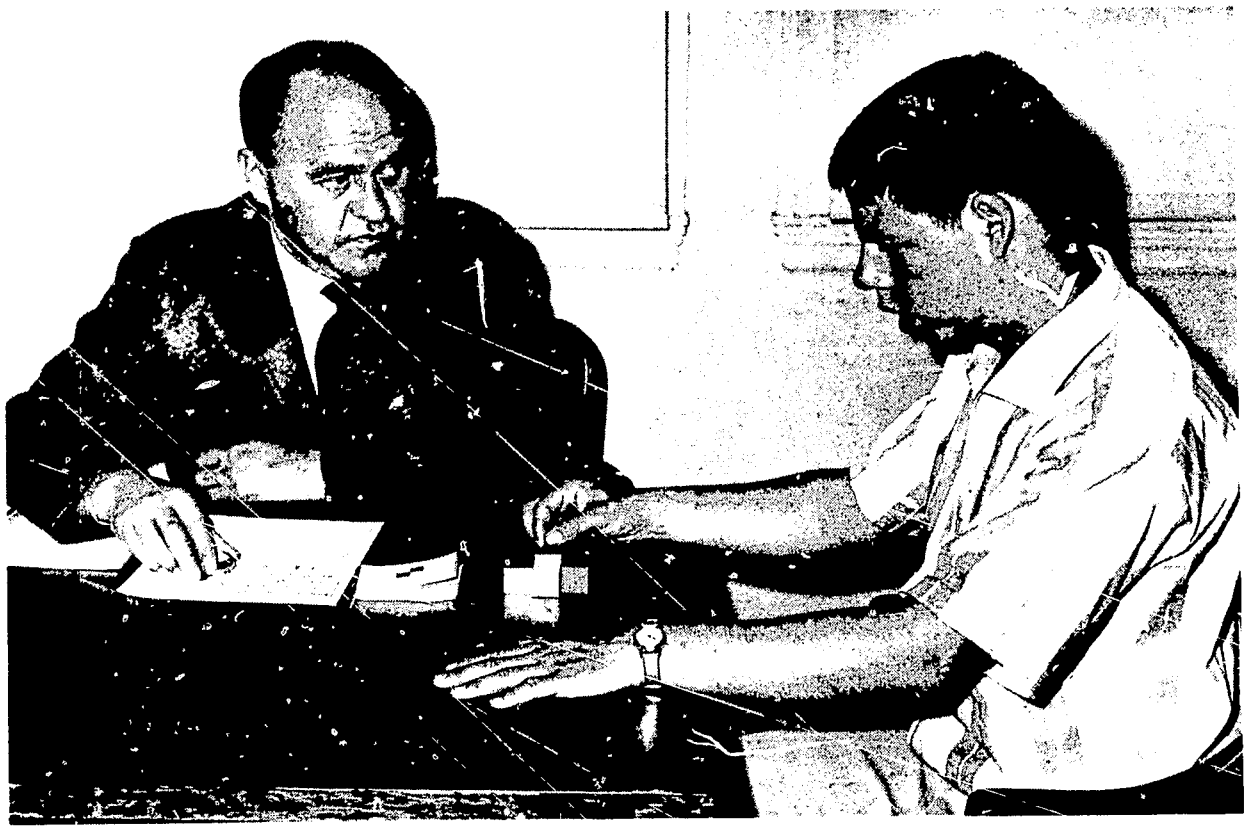
A major characteristic of the group was the multiplicity of handicaps that they exhibited. The related secondary disabilities to mental retardation included behavioral disorders, cranial anomalies (microcephaly), impairment of the special sense including vision and hearing, convulsive disorders and motor dysfunction associated with cerebral palsy and visual-motor perceptual defects. The majority of the group suffered from communicative disorders manifested primarily in immature or unintelligible speech patterns. The project group generally showed impairment in personal-social factors. In this category, the range was from non-conformity, including hostile behavior, to complete conformity and total passivity. There were cases of serious impairment in interpersonal relationships seen in the inability of trainees to relate to their peers or an authority figure. Finally, many within the group came into the project lacking motivation and responsiveness.

Few profited from the academic experiences in their former schooling. This was reflected in their responses to informational type questions on the various psychometric devices used. The length of formal schooling varied from 2 to 10 years.

Insofar as health status was concerned, most of the trainees had a history of long-term non-disabling health conditions. Most of the Down's Syndrome cases (mongolism) have mild congenital heart conditions. Some of the trainees are under medication which includes the barbiturates, tranquilizers and psychic energizers.

Tabular data in the following section of the report on assessment procedures summarizes most of the data relating to the characteristics of the project population.

The psychologist-consultant has been associated with the Children's Health Home for about eight years. In the last few years, it has become more apparent that "assessment in breadth," rather than the mere reporting of



CLINICAL TESTING—Psychological testing plays an important part in the study of trainees.

an I.Q., was basic to fully understanding the problems of the group, and more so in finding the appropriate levels of functioning for satisfactory workshop placement.

The psychologist worked closely with the project staff. As each case was considered for possible placement, the psychologist reviewed all available data with the staff prior to formal testing. The assessment of the trainees was a continuous process. After formal testing, the psychologist frequently observed and conferred with the trainees. The psychologist and the staff evaluated the status and performance of the trainees throughout the project year. In several cases, formal testing had to be delayed until the trainees felt more secure. One or two were frightened by the possibility of being alone with the psychological examiner. This can be readily understood, recognizing that many of the trainees have a fairly high degree of emotional disturbance and anxiety. In addition, many of the trainees previously had been tested and retested while in school, and were "clinically exhausted.'

Assessment Procedures:

The assessment procedures included techniques to elicit both objective and subjective data relating to the trainees. This process included: (1) the determination of eligibility for acceptance in the project; (2) an attempt to predict the responsiveness of the trainees to workshop placement; and (3) evaluation of the trainees' long-range potential adjustment in a workshop situation, and possible future readiness for more productive activity.

Psycho-Social-Vocational Assessment:

Keeping in mind the severe nature of the disabilities involved, the psychologist had to use a wide variety of objective measures to get a reasonably clear picture of the trainee. The following psychometric tests were used in the initial screening procedures: (1) the Wechsler Adult Intelligence Scale (WAIS); (2) the Peabody Picture Vocabulary Test (PPVT); (3) the Seguin Formboard of the Grace-Arthur Test; (4) the Purdue Pegboard Test; and, where applicable and necessary, (5) the Bender Visual Motor Gestalt and (6) Rorschach Ink Blot projective devices. A brief description of these tests is included in this section of the report. Tabular data also is presented concerning test results. Where possible, the trainees were re-examined at the end of the project year, utilizing the Purdue Pegboard to determine possible improvement in manual dexterity resulting from training activities. Considering the short period of time involved in re-testing, it was impossible to generalize to any degree.

Following the precedures outlined by the U.S. Vocational Rehabilitation Administration, the assessment report included the following information:

1. *Intellectual Functioning:*
   This included estimates of current intellectual functioning (I.Q., M.A. etc.), the efficiency with which intellectual ability was used and levels of conceptual ability.
2. *Affective Functioning:*
   A description of the trainee's interpersonal relationships with peers, parents and authority figures.
3. *Self-Regard:*
   How the subject perceived himself, his feelings of adequacy or inferiority, aspirations and degree of insignt.
4. *Frustration Tolerance:*
   This relates to how the trainee deals with persistent life situations with which he is confronted, his tolerance to frustration and ability to mobilize his potential and resources in facing problems.

5. *Emotional Disturbance:*
   The nature of the trainee's anxieties and defenses, moods, degrees of hostility and aggressiveness, or passivity and submissiveness.
6. *Motivation:*
   The nature of his impulses, drives, controls, ability to restore lost control, and ability to accept and fulfill responsibilities.

The assessment of the trainees was a complicated process. It required patience, understanding of the fears, frustrations and anxieties of the population involved but more so the ability to synthesize all aspects of behavior and to predict potential for even marginal adjustment. Each of the subjects examined presented multiple handicaps making for maximum difficulty in using standardized devices. Clinical judgment, experience and calculated guesses were organized to determine whether to accept or deny a subject for placement in the BAT project.

Description of Tests:

The WECHSLER ADULT INTELLIGENCE SCALE (WAIS) is an outgrowth of earlier Wechsler Scales including the Wechsler-Bellevue I & II. It has had wide application with all types of individuals, gifted, physically, emotionally and mentally handicapped as well as normal. The WAIS is comprised of 11 tests; 6 of these grouped as Verbal and 5 tests comprise the Performance Scale. These include:

Verbal Tests	*Performance Tests*
Information	Digit Symbol
Comprehension	Picture Completion
Arithmetic	Block Design
Similarities	Picture Arrangement
Digit Span	Object Assembly
Vocabulary	

The WAIS provides the examiner with three scores: (1) a Verbal I.Q.; (2) a Performance I.Q. and (3) a Full-Scale I.Q. The abilities measured by the tests are complex and sub-test scores require careful analysis. The WAIS not only provides a clue to intellectual functioning but also to some degree behavioral characteristics and social maturity.

The PEABODY PICTURE VOCABULARY TEST (PPVT) is of recent vintage. Developed by Dunn and his associates at George Peabody College, it is an outgrowth of other similar tests devised by Ammons and modified and extended from items on the Stanford-Binet. The test consists of 150 numbered plates. Each plate has four sketches depicting various stimulus words. The trainee merely has to point to the sketch on each page as the stimulus word is pronounced by the examiner. The test comes in two forms to permit early retesting. Typical words on Form B of the PPVT are table, finger, climbing, kite, ambulance, pledging, binocular, etc.

The PPVT is brief in administration and scoring time, and yields an I.Q. and an M.A. It is especially helpful with trainees having little communications skills, or who may be multiply handicapped. The major weakness in the utilization of the PPVT is the fact that Age-Norms are not provided for beyond CA 18. This meant that in most cases, the test data had to be interpolated and used with due caution.

The PURDUE PEG BOARD TEST was administered to each trainee on two different occasions, once upon entrance into the program and again several months later. The Purdue Peg Board is a test of manipulative dexterity designed to assist in the selection of employees for industrial jobs requiring

manipulative ability such as assembly, packing, operation of certain machines, and other routine manual jobs of an exacting nature. It provides separate measurements of the right hand, left hand and both hands together. The test measures dexterity for two types of activity: one involving gross movements of hand, and arms, and the other involving primarily what might be called "tip of the finger" dexterity needed in small assembly work. The Peg Board is equipped with pins, collars and washers which the trainee has to place in the appropriate recesses in a timed test situation. Data is provided in a tabular form of the results of the first and second examination periods. The test has value as a pre-vocational try-out device, and also, to measure any changes in manual dexterity skills resulting from various types of training activities.

Due to the severe involvement of some trainees, the SEGUIN FORM BOARD OF THE GRACE-ARTHUR TEST was used with only a few trainees. This is one of the oldest known psychological testing devices. Literally, when it is almost impossible to assess the ability of an individual on the more recently developed tests, the Seguin Form Board may be used if caution is exercised in interpreting the results. The test consists of a Form Board with spaces to place 10 objects of the following shapes: hexagon, oval, rectangle, triangle, cross, square, half-circle, diamond, circle and star. Each subject is given three timed-trials. The fastest time is used to complete the demands being used to determine the I.Q. and M.A. Once again, as in the Peabody, the age-norms do not reach the adult chronological age level and therefore must be interpolated. In any case, the Seguin Form Board was a good lead-in device prior to more formal testing with the Wechsler and other devices. The objects are gross in size and easy for most subjects to manipulate. The testing time is very brief and scoring quite simple. In cases where the subject was unduly nervous, or lacking in motivation, the Seguin was used to avoid the hazard of test anxiety.

In some cases, where there were symptoms of organic brain damage, or a perceptual handicap, the BENDER VISUAL MOTOR GESTALT TEST was administered. The Bender Test has been used as a maturational measurement device to detect visual motor gestalt function. It explores the possibility of retardation, regression, loss of function and organic brain defects in both adults and children. It gives some clues regarding personality deviations, especially where there are regressive phenomena. Gestalt function may be defined as that function of the integrated organism, whereby it responds to a given constellation of stimuli as a whole. Since many of the trainees have perceptual defects in which there is gestalt damage, the test proved to be of value as a confirming diagnostic instrument. The test consists of nine cards, each bearing designs that the trainee is instructed to copy on a sheet of paper. The manual provides norms in terms of maturational levels and the research literature provides much data that assists the examiner in making an appropriate test analysis.

Efforts were made to determine basic personality structure and deviations by using the well known RORSCHACH INKBLOT PSYCHODIAGNOSTIC TECHNIQUE. The Rorschach test is a complicated device which includes 10 plates that are presented to the subject, requiring a response or responses to what he sees, what it reminds him of, and the origin of responses. Since this projective device requires a fairly high degree of verbal facility, and most of the trainees have communicative disorders, little real value came from administering the Rorschach. Those who did respond usually gave very popular answers or clinically-impoverished ones, making an analysis ex-

tremely hazardous. Experts theorize that the clinical interview and long term observations of behavior in work and social situations will provide much greater detail concerning the trainees' personality, and methods dealing effectively with a variety of life situations.

Summary of Psychometric Data:

A wide variety of psychometric instruments was utilized to attempt provisionally to assess the intellectual, personal-social, behavioral and vocational potentials of 18 prospective trainees for the project. Routinely, the Wechsler Adult Intelligence Scale and the Purdue Peg Board Test were given. In addition, where indicated, the Seguin Form Board, the Peabody Picture Vocabulary Test, the Bender Visual Motor Gestalt Test and the Rorschach Psychodiagnostic Inkblots were administered. A series of tables is presented to summarize the pertinent data concerning the trainees.

TABLE NO. 2

Wechsler Adult Intelligence Scale I.Q.'s

Case number	Sex	C.A.*	Verbal	Performance	Full-Scale	Remarks
1	M	21-1	59	51	53	
2	F	28-8	48	57	50	Severe Cultural Deprivation
3	M	18-6	63	43	52	Cerebral Dysfunction
4	F	24-10	74	65	68	Social-Cultural Deprivation
5	M	21-8	48	46	44	Mongolism-Severe Visual Impairment
6	M	15-6	68	64	64	Behavioral Disorder
7	M	18-9	51	45	45	Mongolism
8	F	31-3	62	56	57	Severe Behavior Disorder
9	F	19-2	59	43	46	Severe Behavior Disorder Epilepsy
10	F	21-7	30	32	30	Microcephaly-Bizzare Behavior
11	F	18-6	35	30	30	Microcephaly-Bizarre Behavior
12	F	21-9	67	73	68	Behavior Disorder
13	M	19-9	55	58	55	Mongolism-Severe Visual Handicap & Behavior Disorder
14	M	23-1	55	52	51	Restricted Physical Ability-Personal Social Immaturity
15	F	16-9	64	56	58	Severe Behavior Disorder
16	M	18-2	57	58	55	Mongolism-Limited Physical Ability
17	M	26-6	58	55	54	Mongolism
18	F	26-11	55	50	50	Epilepsy

* C.A. Based on Age on 10/1/64

Table No. 2 shows that 18 subjects were examined including nine males and nine females. Of the group examined, four either were rejected for the project, or dropped out shortly after being admitted. The range of chronological ages is 15 years and 6 months to 31 years and 3 months as of Oct. 1, 1964. Special permission was granted to include the one trainee under age 16. Wechsler data shows a verbal I.Q. range of a low of 30 to a high of 74. Wechsler performance scores range from a low of 30 to a high of 73. Full-scale Wechsler I.Q.'s range from a low of 30 to a high of 68. The same table indicates related disabilities that each trainee exhibited.

Table No. 3 presents a graphic picture of C.A.'s and Wechsler Adult Intelligence Full-Scale I.Q.'s. The majority of the subjects had I.Q.'s of 59 and

below, and the largest group ranged in C.A.'s of between 18 and 22 years. Considering all of the Wechsler Test data and C.A.'s plus the related impairments, it can be concluded that this group constitutes a population in great need of prevocational workshop training, as well as socially-maturing activities. They are of prime age when they can profit most and avoid institutionalization.

TABLE NO. 3

Intellectual Levels Based on Wechsler Adult Intelligence Full Scale I.Q.'s

	AGE								
Intelligence Quotient	16-17	17-18	18-19	19-20	20-22	22-24	24-26	Over 26	Total
70-74									0
65-69					1		1		2
60-64	1								1
55-59	1		1	1				1	4
50-54			1		1	1		3	6
30-45			2	1	2				5
Total	2	0	4	2	4	1	1	4	18

Table No. 4 presents information concerning the performance of the trainees on the Purdue Peg Board Test. In most cases this test was administered on two different occasions, and usually at 3-4 month intervals. In some cases, improvement can be noted, while in others, there is little change, or even a decrease in productivity. Considering the short interval between test and retest, it would not be fair to generalize whether training in the workshop had helped, or was of little value. At least one year of training should be a minimum period between test and retest to be able to utilize this data for evaluation purposes. For the present this data will be used primarily to guide the workshop staff in terms of specific types of training valuable to improve right, left and both hand combinations, as well as more complex assembly demands.

TABLE NO. 4

Purdue Pegboard Test Data*

	First Effort					Second Effort			
Case No.	Rt. Hand	Lt. Hand	Both Hands	Assembly	Intervening Time	Rt. Hand	Lt. Hand	Both Hands	Assembly
1	29	28	41	54	4 months	35	30	36	48
2	27	30	37	72	3 months	38	42	46	66
3	31	36	46	74	3 months	41	40	64	88
4	45	45	78	113	Dropped from Project				
5	33	25	34	31	4 months	33	28	37	49
6	41	39	67	90	Dropped from Project				
7	24	31	43	52	Entered Project too Late for Re-Test				
8	Dropped from Project Prior to Test								
9	29	24	42	54	Too Disturbed to Re-Test				
10	38	47	62	65	3 months	43	45	62	59
11	33	32	46	52	4 months	27	27	34	42
12	Dropped from Project Prior to Test								
13	24	26	60	39	3 months	24	26	36	36
14	Dropped from Project Prior to Test								
15	34	32	54	50	Entered Project too Late for Re-Test				
16	23	27	30	32	3 months	27	24	42	66
17	46	29	41	62	Entered Project too Late for Re-Test				
18	Deformed	28	31	45	4 months	Deformed	32	37	48

* All Purdue Pegboard Scores are Based on Three Trials

Table No. 5 presents supplementary data relating to the Seguin Form Board, the Peabody Picture Vocabulary test, the Bender Visual Motor Gestalt test and the Rorschach. The first two tests were utilized as supplements to the Wechsler, and the latter two tests as determinants of cerebral injury, regression and personality structure. Since some of this data is of a confidential nature, it has been placed in the case records for clinical use only.

TABLE NO. 5
Supplementary Tests Administered

Case No.	Sequin Formboard I.Q.	Peabody Picture Vocabulary I.Q.	Bender	Rorschach
1	No	60	Yes	No
2	No	50	No	No
3	No	58	Yes	Yes
4	No	No	No	Yes
5	48	50	Yes	No
6	No	No	Yes	Yes
7	No	50	Yes	No
8	No	No	No	Yes
9	No	No	No	Yes
10	30	32	No	No
11	28	34	Yes	No
12	No	No	No	No
13	50	55	Yes	No
14	No	61	No	No
15	No	70	Yes	Yes
16	No	58	No	No
17	No	55	No	No
18	No	55	Yes	Yes

It is recommended that continued psychological services be made available, and that these services be carefully coordinated with the work of the staff from a therapeutic point of view, and possibly to evaluate the changes in vocational potential of the trainees after an additional year of training.

In addition to testing, other techniques for assessment and diagnosis included the completion of various intake forms. To obtain information regarding the health of the trainee and his capacity for work, a form completed by the family physician was required. Special limitation in work capacity, physical handicaps and medication schedules were indicated on the form. Since the capacity for work was the opinion of a physician, standards undoubtedly varied with the physician, and may not be a consistent value judgment. Nevertheless, they gave direction for specific trainees' work assignments.

The same Application for Enrollment form used for trainees of the Children's Health Home was utilized to obtain basic data. In addition, an intake interview was conducted to obtain information regarding early developmental history, school experience and present circumstances. This data gave considerable aid in planning and carrying on the counseling duties during the project. An emergency information sheet, in case of injury, a publicity release for photographs and publicity regarding the project, and several forms used for application for minimum wage were also obtained in the initial stages of the trainees' admission. Releases for information from other agencies also were obtained.

Admissions:

When all of the data was assembled, the admissions committee determined whether the trainee candidate was qualified to enter the project and was likely to benefit from the experience. The committee usually included the executive director, the supervisor of the sheltered workshop and nursery school programs, the workshop manager, the vocational instructor, and the social work consultant. In each case, admission of a candidate was on the basis of a majority or unanimous agreement. This group served as a dismissal committee in the case of any trainee whose participation in the project was discontinued, and as the evaluation committee when trainees were considered for transfer to the regular workshop programs at the termination of the first year. (See Table 8 for placement recommendations)

WICKING CANDLES—Trainee shows improvement in manual dexterity, bagging candles, before members of the board of directors of the San Mateo Children's Health Home.

TRAINING PROGRAM

Work therapy is basic to the entire habilitation program. By working with the trainees in a close personal relationship, the vocational instructor attempts to raise their vocational proficiency to competitive levels. Vocational experiences were provided with consideration for the specific abilities and limitations of the trainees. Attempts were made to develop desirable work skills and attitudes considered necessary to employment in the sheltered workshop or competitive external employment. The specific goals of this project were in the areas of basic work skills, motivation, work tolerance, and social and emotional adjustment. In general, trainees were given experience with each of the following sub-contracts:

A. *Bulk Paper*
   1. Sorting newspaper according to size, removing colored sheets and magazine sections
   2. Making paper pillows (used in shipping fresh flowers)
   3. Rolling and binding remaining paper into 30-pound bundles

B. *Candle Assembly*
   1. "Weighting" wicks
      (a) Removing wax from one-hole rubber stoppers by inserting a metal prong through the hole
      (b) Inserting the candlewick through the stopper and fastening it in place with a golf tee
   2. Wicking and packaging "food warmers" and "Charmlites" (small candles)
      (a) Inserting candlewicks in food warmer candles—tapping metal plate in base to retain wick
      (b) Bagging candles in cellophane
      (c) Assembling pre-cut paper boxes and filling with "food warmers" for a six-pack unit

C. *Mounting Lock Plates*
   1. Placing spring in slot on mounting plates
   2. Weighing and counting

D. *Button Lock Assembly*
   1. Placing button on lock part
   2. Weighing and counting

E. *Food Tray Assembly*
   1. Folding pre-cut and die-marked paper trays of various sizes (used in containing carry-out food orders)
   2. Gluing folded paper trays

F. *Trimming of Labels*
   1. Removing extraneous material from pages of labels with gummed backs. Trimmings were pre-cut but sometimes required hand cutting with scissors.

Bulk paper sorting involved approximately three and one half hours per month. When the trainees first entered the project this was often their first assignment. Rolling the newspaper into "*pillows*" required considerable manual dexterity and only four trainees had success in this activity (though six were given the opportunity). Almost all of the trainees had an opportunity to *roll and bind* the remaining paper into thirty-pound bundles.

In *candle assembly* the weighting of wicks provided experience for seven of the trainees, with four achieving success. The rubber stoppers attached to the wicks serve as a weight for the eventual molding of the candles but also serve as a centering device for the wick. When used stoppers and golf tees were returned they required cleaning before further use.

Wicking and packaging food warmer candles and charmlites (small candles) involved activities described in the outline above, (B-2), and provided approximately 15 hours of work per month. Several of the trainees had a definite allergic reaction to working with the candles, and their assignments were changed. In one case, candle work was preferred by a trainee over other assignments.

THE LEARNING PERIOD—Vocational Instructor teaches trainee to assemble lock parts.

Mounting lock plates occupied approximately 50 hours of work per month. Every trainee worked on this assignment for part of the work month. Some trainees had difficulty in grasping the technique, and took several days to learn to assemble the spring in the slot properly. A fair degree of manual dexterity was involved, but all of the trainees were able to perform successfully.

Button lock assembly became a preferred assignment by several of the trainees, and occupied approximately 20 hours of the work month. Discrimination and preference for use of chrome finish or gold finish buttons developed because they were of harder metal than those made of aluminum. Trainees became aware of the higher rate of rejects when the aluminum buttons were used. Weighing and counting of finished pieces became a matter of interest toward the close of the project, and a definite relationship between production and recompense was established with several of the more capable trainees.

EXPERT GUIDANCE—Staff members guide the activities of a trainee working in the assembly of parts for a local lock manufacturer in the pre-training vocational workshop.

Food tray assembly was of interest to the trainees. Several were familiar with such containers for salad—hot dishes etc., used in drive-in restaurants. All of the trainees were able to successfully carry out this assignment.

Trimming of labels was a fairly exacting assignment that required care and good fine-muscular coordination. The pages of labels were printed and die-cut at the printers. The trainees' assignment was to remove the extra material (borders) from around the labels leaving the labels on a backing sheet. This required care because this material was also gummed on the back and if not carefully removed, would touch the face of the label when pulled away, sometimes took the surface of the label with it. Several trainees were incapable of working on this contract without causing a high rate of spoilage.

Each sub-contract accepted in the program had a training purpose. For example, the program provided the trainee with a training skill to be learned, i.e., fine or gross motor coordination, finger dexterity, eye-hand coordination, etc.

Work Day Schedules:

The work day started at 9:00 a.m. after trainees arrived at the workshop via public or private transportation. The trainees punched a timeclock and then reported to the shop instructor for the day's assignment. They usually worked at the same work station each day, but occasionally they were shifted to provide contact with other trainees or to relieve a potential or real friction point (as might occur in any work situation) between specific trainees. At 10:30 a.m. the morning "break" was taken. This was ten minutes long and provided a change of activity. Trainees were encouraged to use the patio if the weather permitted. Trainees from the workshops operated by the Children's Health Home were on their break at the same time, and this provided a chance to see other people and have a brief social exchange. Several trainees brought a snack or had a bottled drink (available from a coin operated dispenser) during this time.

Work was resumed at 10:40 a.m. and continued until the lunch break at 11:45 a.m. At this time trainees punched out on the timeclock. Lunch was eaten on the patio or indoors depending on the weather. Some trainees went to the local grocery store to buy snacks, sandwiches, etc. for lunch, but most brought their lunches and purchased soda pop from a dispenser. Following the lunch period, trainees punched in, and returned to their work stations at 12:30 p.m. The afternoon break was at 1:45 p.m., and work was resumed at 1:55. The work day closed at 2:30 p.m., preceded by a clean-up period, and the weighing in of completed work. As work was completed during the day, an accounting was kept and several of the trainees expressed considerable interest in their daily accomplishments.

Personal Adjustment

According to research, personal adjustment is a crucial factor in the success or failure of the trainee on the job. Personal adjustment cannot be taught the same as a class in arithmetic. This area of training takes place incidentally in conjunction with the work environment, and through a variety of methods. Most of the trainees had considerable deficit in their attitudes toward peer authority, work habits, work tolerance, criticism and motivation. The training program provided the setting for many experiences requiring the trainees to work cooperatively. Special attention to the individual adjustment problems of trainees was given and is described under group and individual counseling services which were provided.

Vocational Adjustment

Vocational adjustment of the trainees was noted in observing their ability to accept a change in work station and assignment of specific duties. Willingness to assume the responsibility of shop foreman or assistant foreman also was noted. These duties were rotated wherever possible. While they entailed a minimum of responsibility, the status related to the duty was of great ego value to most of the trainees. Some difficulty was encountered where trainees were unable to keep from "bossing" others around. Rules for the delineation of responsibilities were discussed in group counseling sessions and reinforced by the vocational instructor.

Promptness and regularity at post of duty were established as desirable objectives, and were discussed in group counseling sessions. Where trainees

were chronic absentees, specific follow-up by the counselor to encourage regular participation was implemented. Attendance records are presented in the evaluation section.

Several trainees worked as teams on some assignments. This entailed a degree of cooperation which some of the trainees could not exude. In most cases, trainees with a minimum of emotional disturbance could work successfully on such activities (one trainee wicking food warmer candles and the other bagging them).

Considerable progress was noted in ability to stay at a job consistently and reduce the amount of rejects. (See Tables on production rates.) Receipt of pay checks twice monthly based on production records was of great interest to all of the trainees.

Social Adjustment

Exposure to social demands of group activity had been quite limited for several trainees. School experience may have provided opportunities for social contacts among trainees, but not in the same setting as a working situation with a production orientation. Trainees referred to their project activities as work. Parents of several trainees explained that when they accidentally referred to the project workshop as "school" they were promptly corrected.

Growth in social adjustment reflected itself in a development of more consideration for others and an acceptance of rules for group behavior. As new trainees were included in the project, rules for group behavior were presented again for their benefit, to reinforce understanding among all participants.

In day-to-day activities as well as in group counseling sessions, trainees could verbalize and express themselves. Visitors frequently came to observe the project and the programs of the Children's Health Home for Mentally Retarded Children and Adults. Trainees were encouraged to be friendly and answer questions directed to them. Early in the project it was necessary to remind trainees to go on with their work while visitors were present. As the project progressed, this became unnecessary in most cases.

The Children's Health Home staff encouraged the trainees to participate in bi-monthly club meetings which included dancing and a refreshment period. A dance group sponsored by Arthur Murray Studios once a week was one of the social highlights of the recreation program. Bowling activities on Saturdays were supervised by volunteers.

Approximately half of the trainees were involved in these social activities at the close of the project year. Specific trainees, in several cases, participated in all three activities, and others in their own communities. Most trainees had few friends and social activities at home and in almost every case spent considerable time watching TV and experiencing a limited social life away from the workshop. Of the four trainees who did not remain in the project, three terminated their participation partly because they felt the workshop setting lacked social stimulation for them. In fact they were unwilling to avail themselves of what was offered. One of the trainees came from a culturally depressed setting which gave little status to being part of a production group activity.

Emotional Adjustment

In general, trainees made growth in their ability to deal with crisis situations. Emotional outbursts were consistent with specific trainees who had problems prior to admission to the workshop. In all but two cases, trainees were able to cope with their problems reasonably well. One trainee's (#6) participation was terminated by the admissions committee when it was finally decided his presence was detrimental to the program. A second trainee (#14) who had had psychiatric care for several years, eventually became a non-participant because he was incapable of generating enough drive to participate. On advice of the psychiatrist, his participation was terminated. In most cases, trainees were able to cope with situations more effectively when they had had more opportunity to make decisions, and enjoy a less limited social and emotional life. Several trainees have not yet reached a stage of emotional maturity where they can effectively relate well to others. Their responses to social situations were on an emotional basis, rather than on a basis of understanding and assumption of responsibility for cooperation on their part.

For several trainees who presented emotional adjustment problems, contact with the psychiatrist or physician treating the trainees was maintained. Little evaluation of the progress for these trainees could be made on an objective basis, though the project staff felt that positive adjustment was evident in one case. In the case of two others, services of a psychiatric nature were recommended prior to entering the project workshop program. Such service was sought from the San Mateo County Department of Health and Welfare. In each case acceptance in the project was made because no other service was available or seemed effective. The Children's Health Home staff recognized that they were not equipped to provide a psychiatric therapy program, but since no other service was available, were willing to accept the trainees on a trial basis.

A MOMENT OF ENCOURAGEMENT—Individual counseling provides insight into the future.

COUNSELING SERVICE

An integral phase of the project was the opportunity to help in the adjustment process for both trainees and their parents through counseling services.

Individual counseling sessions were held for all of the trainees for 15 minute periods, with varying frequency. Several of the sessions were initiated by the trainees who wanted to "get something off their chests." In some cases, it became a status symbol to be able to request and obtain a conference. While this could be overdone, trainees were encouraged to request conferences whenever they wished. In many cases the sessions were initiated by the social work consultant as a result of the need to resolve a trainee's personal problem, or one of better understanding of their responsibilities to themselves and the group. Early in the project, the need for individual counseling sessions was quite frequent for several trainees, but as time passed, this need was reduced. Several of the trainees needed the counseling sessions as a chance to ventilate their attitudes toward other trainees and/or staff members. In most cases, the intensity of the reactions became more moderate and in some instances criticism changed from that directed at others to more of an attitude of self-evaluation.

Individual counseling sessions for parents were conducted in addition to intake interviews during the admissions period. In some cases, a single session was adequate. In other cases, several meetings each month were necessary to understand and interpret the problems presented for the trainee and the parents. Better acceptance and understanding of the role the parents played resulted in most cases. Parents were encouraged to request counseling, and in several instances, initiated the sessions. Most of the sessions were initiated by the counselor when problems became evident. Parents were cooperative and participated willingly.

In some cases, specific referrals to other agencies like the County Health and Welfare Agency, Social Security Administration and the State Department of Mental Hygiene were made. Many parents were encouraged to provide more opportunity for independent activity (with appropriate preparation) for the trainees. A major topic of discussion was the overprotective attitude parents and other adults had toward trainees.

ROUND TABLE DISCUSSION—Group counseling gives trainees a chance to exchange ideas.

Group counseling sessions for the trainees were conducted during the project. The meetings served as a means of introducting new trainees to the experience of participating in a group discussion. This practice also provided an opportunity to review rules of accepted behavior in the shop and in the group meeting. Sharing, waiting ones' turn, making a contribution relevant to the discussion were part of the experience they shared. Each meeting served as a place to be heard, and questions were always posed to provide this opportunity. Topics of particular interest to the trainees were how we spent our money, what we did with our paycheck and the correct identification of coins. Several trainees were able to tell what change would be returned after making a purchase. Some trainees had had almost no experience using money, and had no realistic understanding of the relative value of coins.

The group counseling sessions also afforded an opportunity to deal with desirable work habits and attitudes such as promptness and regularity in coming to work and diligence in carrying out the work assignment. It was in this area that the problem of the foreman's tendency to "boss" the others high-lighted the open discussion. Not all trainees were able to adopt the group decisions that were made, but as the project progressed, more trainees were able to do so. In several cases, as new trainees entered the project and exhibited behavior that the group had decided was unacceptable, the peer group response and pressure were effective in helping the newcomer adapt to the accepted behavior.

The trainees looked forward to the meetings and usually asked when the next meeting would be scheduled.

Group counseling sessions for parents of the trainees were held four times. Night meetings were held with refreshments served. These provided an opportunity for fathers (who did not participate frequently in individual counseling sessions) to attend and share their feelings with the group. As the meetings progressed, parents were able to discuss (perhaps for the first time in such a setting) their own attitudes and difficulties in handling their children. During these sessions, topics of discussion included realistic vocational goals for the trainees, and the aspirations parents had for them. The record of successful job placement in the community of trainees placed during 1964 from the Children's Health Home workshop served as an excellent example of a realistic potential represented by the mentally retarded. A film was shown one evening (A Child Apart, B & W, 30 minutes, produced by KNXT-TV in Los Angeles, 1962.) It depicted several phases of the problems posed by the mentally retarded, including acceptance of the handicapped by the family and the fact that people can do many things if given the opportunity. Approximately half of the trainees were represented at each of the meetings with some parents attending all four sessions.

EVALUATION OF TRAINEES—PROGRESS AND CONCLUSIONS

Evaluation over the ten-month period of the project can be gauged by the social growth and ability the trainees developed in handling their own problems. Most were able to "talk out" their frustrations and function with a group feeling.

Fewer individual counseling sessions were necessary to help trainees see plans of action. Two trainees who came to the project with emotional problems still had some difficulty in relating well to others and accepting an authority figure in the workshop.

Satisfactions regarding increases in production rate and a sense of accomplishment were noted. Several of the more capable trainees became aware of production records they achieved, and were eager to report the number of "boxes" of an assignment they had completed. More advanced trainees

could see the relative values of the number of "pieces" completed or the number of pounds produced.

Greater participation in social activities sponsored by the Children's Health Home was noted, as well as freer interaction with trainees from the Children's Health Home's sheltered workshops during breaks and lunch periods.

All data presented in tabular form refers to the same specific trainee by number throughout the report. In Tables 6 and 7 the 18 trainees represent the group participating at that time. In order to provide continuity, the trainees in Tables 6 and 7 have the same identifying numbers as in the other tables.

TABLE 6 — Percent of Normal Production

Trainee	First Established	10-15-64 through 11-14-64	11-15-64 through 12-14-64	12-15-64 through 1-14-65	1-15-65 through 2-14-65	2-15-65 through 3-14-65	3-15-65 through 4-14-65	4-15-65 through 5-14-65	5-15-65 through 6-14-65	6-15-65 through 7-30-65
1	14.2	12.1	12.1	11.4	12.8	14.2	10.0	16.4	17.8	14.2
2	12.1	12.8	12.1	20.7*	12.8	15.7	16.4	17.1	17.8	25.0
3	10.0	9.3	7.9	7.1	7.9	7.9	5.7	10.7	10.0	10.7
4	—	—	10.0	10.0	12.8	16.4	16.4	15.7	—	—
5	8.5	—	9.3	8.5	6.4	6.4	7.9	10.0	8.5	12.1
6	—	—	9.3	8.5	10.0	15.0	15.0	—	—	—
7	—	—	—	—	—	—	—	—	—	9.3
8	—	—	—	—	—	4.3	—	5.0	—	—
9	5.0	10.7	7.9	7.1	3.5	6.4	3.5	5.7	10.7	10.0
10	—	—	—	—	—	**	4.3	12.1	15.7	14.2
11	—	—	—	—	—	**	3.5	8.5	12.8	12.8
12	—	—	17.8	—	—	—	—	—	—	—
13	5.7	9.3	7.9	12.8	11.4	11.4	8.5	8.5	13.5	12.1
14	12.1	5.7	5.7	—	—	—	—	7.1	6.4	—
15	—	—	—	—	—	—	—	—	—	11.4
16	4.3	5.0	3.5	6.4	5.0	5.7	5.7	6.4	9.3	7.1
17	—	—	—	—	—	—	6.4	4.3	12.8	12.1
18	6.4	—	5.0	5.0	3.5	4.3	5.0	5.0	5.7	7.9

Trainees for whom no % of normal production is indicated were not yet in the project, or were absent or on leave during that period.

* Production rate based on three subcontracts on which this trainee performs extremely well. During other production periods this trainee worked on a large number of subcontracts which gave a more realistic picture of overall production.

** Production rate not established till next period.

With the exception of small monthly variations, the percentage of normal production for the trainees showed an upward trend. Monthly time studies were administered, and the trainees were paid according to their productivity. Their rate per hour was pro-rated against the average normal individual's hourly rate of production. The trainee's percent of normal production is then calculated on a $1.40 per hour, the rate used at the Children's Health Home. Monthly percentages of normal production were computed to keep the wage current. Table 6 presents the percentage of normal production for each month. Blanks represent trainees who were dropped from the project, or who were not yet entered.

Trainee #2 consistently remained the high producer, and with the exception of one month (2-15-65 through 3-14-65) was the top producer in the project. Table 7 presents the hourly pay rate trainees received for each month. In no case did a trainee make less at the close of the project than the amount he earned during the first month. In several cases trainees doubled or tripled their income during the ten-month period.

TABLE 7 — Hourly Pay Rate

Trainee	10-1-64 through 11-14-64	11-15-64 through 12-14-64	12-15-64 through 1-14-65	1-15-65 through 2-14-65	2-15-65 through 3-14-65	3-15-65 through 4-14-65	4-15-65 through 5-14-65	5-15-65 through 6-14-65	6-15-65 through 7-30-65
1	.20	.17	.17	.16	.18	.20	.23	.25	.20
2	.17	.18	.17	.29	.18	.22	.24	.25	.35
3	.14	.13	.11	.10	.11	.11	.15	.14	.15
4	—	—	.14	.14	.18	.23	.22	—	—
5	.12	—	.13	.12	.09	.09	.14	.12	.17
6	—	—	.13	.12	.14	.21	—	—	—
7	—	—	—	—	—	—	—	—	.13
8	—	—	—	—	—	.06	.07	—	—
9	.07	.15	.11	.10	.05	.09	.08	.15	.14
10	—	—	—	—	—	.05*	.17	.22	.20
11	—	—	—	—	—	.05*	.12	.18	.18
12	—	—	.25	—	—	—	[illegible]	—	—
13	.08	.13	.11	.18	.16	.16	[illegible]	.19	.17
14	.17	.08	.08	—	—	—	.10	.09	—
15	—	—	—	—	—	—	—	—	.16
16	.06	.07	.05	.09	.07	.08	.09	.13	.10
17	—	—	—	—	—	—	.06	.18	.17
18	.09	—	.07	.07	.05	.06	.07	.08	.11

Hourly pay rate based on production rate of previous month. Note pay rates are for periods on month following production periods presented in Table 6.

* Pay rate based on minimum rate possible in project of .05 per hour. Present production for these trainees indicates this rate is higher than their actual production.

Table 8 presents the recommendations of the admissions committee for placement of the trainees at the close of the project. One trainee (#2) was recommended for the Transitional Workshop. Eight trainees were recommended for Terminal Workshop, with space available for five more (*), if the project is not renewed.

TABLE 8 — Placement of Trainees at Close of Project

Trainee	
1	Terminal
2	Transitional
3	Terminal
4	Dropped from project
5	Terminal
6	Dropped from project
7	Terminal*
8	Dropped from project
9	Terminal
10	Terminal*
11	Terminal*
12	Dropped from project
13	Terminal
14	Terminal
15	Terminal*
16	Terminal
17	Terminal*
18	Terminal

* If project continues, these trainees would be retained for a portion of the coming year, since they entered late. If the project is not renewed, they will be accepted in the Children's Health Home workshop.

The transitional shop includes the more capable trainees who represent a potential for possible future placement in the community. The terminal shop includes trainees who might later develop sufficiently to be transferred to the transitional shop or who will continue in the terminal shop program.

Attendance Records Table 9 indicates the degree of regularity at post of duty for the trainees in the project. While the percentage of absenteeism seems relatively high compared to normal working standards, trainees have a higher incidence of phyiscal involvement and multiple handicapping conditions. Several trainees who have a tendency to illness increase the absentee rate. Eight of the 14 active trainees in the project have had perfect attendance almost each month.

TABLE 9 — Attendance of Trainees

Month	ADA*	Number of Trainees Enrolled	% Absent**
October	6.9	9	23%
November	6.5	9	28%
December	6.9	12	23%
January	9.0	12	25%
February	8.9	12 (11)	26% (19%)
March	10.6	14 (13)	24% (18%)
April	11.1	14 (13)	20% (13%)
May	11.4	14	15% (16%)
June	10.6	14	22% ***
July	10.5	14	27% (19%)****

* ADA—Average daily attendance derived from total number of sessions trainees worked divided by number of work days in the month.

** Several trainees entered program late in the month. One trainee has been on leave during half of January and all of February, March, April and half of May and June. (%) indicates absentee rate if this trainee is eliminated from computation for the full months he was absent. Several trainees have a tendency to illness, and increase absentee rate. Eight of the 14 have had perfect attendance almost each month.

*** Two trainees on vacation (attending camp for retarded for eight working days this month).

**** Four trainees on vacation (attending camp for retarded for 10 working days this month). If these four trainees' absences were not included in the computations, the absentee rate for July would be 5.5%.

Progress for the trainees must be evaluated in terms of their future adjustment in the workshops operated by the Children's Health Home for Mentally Retarded Children and Adults, or any future placement which becomes available to them. The success in personal adjustment and ability to produce indicated by the present study, shows a need for continuing such a program to bridge the gap which presently faces the young adult leaving a public school program, and entering a workshop setting similar to the Children's Health Home for Mentally Retarded Children and Adults, or other sheltered community placement. Positive changes in attitude toward work situations, supervisors and fellow trainees have resulted in varying degrees. Progress has been noted in most cases. An extremely favorable prognosis had been made for several of the trainees, who eventually may assume a work assignment in the community. Without additional prevocational training, this group would not have been capable of working in a sheltered workshop, or engaging in productive employment.

The results of the pre-vocational program cannot be underestimated. Proof of this statement lies in the fact that trainees who had been emotionally disturbed and severely retarded, upon entrance, completed the term with more self assurance and confidence.

Some entered the sheltered workshop, functioning better than those previously enrolled, and some actually were ready for gainful employment. If they had not received the year of extra training in the prevocational workshop, it is doubtful that they would have been ready for the sheltered workshop, let alone gainful employment.